Claims Clues

A Publication of the AHCCCS Claims Department February, 2002

Supplemental Documents Must Identify Claim CRN

Providers who submit supplemental documentation to the AHCCCS Administration after submitting a claim form must identify the claim to which the documentation is to be linked in the AHCCCS Claims Processing System.

Providers should indicate the appropriate Claim Reference Number (CRN) on the supplemental documentation.

If the supplemental documentation is to be linked to a

claim that has been denied, providers must add an "A" in front of the CRN. This will alert AHCCCS that the claim must be reopened and the documentation routed to the correct location (e.g., Medical Review) for adjudication. Otherwise, the documentation will be linked to the already denied claim, and it will remain denied.

These guidelines aply to claims submitted on paper and also electronically.

Questions about claim submission should be directed to the AHCCCS Claims Customer Service Unit at:

- (602) 417-7670 (Phoenix area)
- (800) 794-6862 (In state)
- (800) 523-0231 (Out of state) ❒

Lifemark Changes Name, Moves to New Location

Lifemark Health Plans has changed its name to Evercare Select.

The change was effective Jan. 22, 2002.

The ALTCS program contractor also has moved its offices.

The new address for Evercare Select is:

Suite 100, AZ060-N120
3141 N. 3rd Avenue
Phoenix, AZ 85013

The main phone number is (602) 331-5100. ❒

Hospital Procedure, Dx Billing Rules Clarified

Hospital billers should ensure that the primary ICD-9 procedure is entered in the Principal Procedure field (Field 80) of the UB-92 claim form when submitting fee-for service claims to the AHCCCS Administration.

If the primary procedure is entered in any of the Other Procedure fields (Field 81) and the code entered in Field 80 identifies a non-covered procedure, the claim may be denied.

When billing for recipients eligible under the Emergency Services Program (ESP), hospital billers should ensure that the diagnosis code entered in the Admitting Diagnosis Code field (Field 76) clearly identifies the ESP recipient's emergent condition.

Claims for ESP recipients are reviewed by the AHCCCS Administration on a case by case basis. Claims must be submitted to AHCCCS with documentation that supports the emergent nature of the services provided.

Questions about *billing* should be directed to the AHCCCS Claims Customer Service Unit at:

- (602) 417-7670 (Phoenix area)
- (800) 794-6862 (In state)
- (800) 523-0231 (Out of state)

Questions about *covered services* under the ESP program should be directed to the AHCCCS Office of Medical Management at (602) 417-4241. ❒

Comm Center Can Verify Premium Sharing Eligibility

The AHCCCS Communications Center is now able to verify the eligibility of individuals for the Premium Sharing program.

Effective January 1, this information is only available through the Communications Center. It will not be available on the Interactive Voice Response (IVR) system or Medifax.

To contact the AHCCCS Communications Center, call:

Phoenix: 417-7000

All others: 1-800-962-6690

The Premium Sharing Program is not a Medicaid program. It is funded by state dollars only. Individuals who have been determined eligible and pay the required monthly premium can receive a comprehensive package of medical services. Premiums are based on income and household size.

The program provides health care benefits to uninsured individuals who are U.S. citizens or qualified aliens and have gross household income at or below 200% of the Federal Poverty Limit (FPL). Individuals determined to be chronically ill may have gross household income at or below 400% of the FPL. Resources are not considered in the eligibility determination.

Persons must not have or have had any health insurance for the past 30 days, unless the loss of health insurance was involuntary. The individual cannot be covered by Medicare, Medicaid or be eligible for medical services through the Veterans Administration.

The number of people who can participate in this program is limited. Currently, individuals who are determined eligible are placed on a waiting list. ❒

Tax ID Required to Direct Reimbursement Correctly

For the past three years, AHCCCS has required providers to enter their tax identification number on all fee-for-service claims submitted to the AHCCCS Administration.

Now that tax ID number – not a locator code – will determine the address to which payment is sent.

Previously, a provider's two-digit service address locator code (01, 02, 03, etc.) was linked to one or more pay-to addresses. A provider's pay-to address is the address on the reimbursement check from AHCCCS.

Providers should continue to append the service address locator code to their AHCCCS provider ID number to indicate the location where a service was performed. However, using the locator code will no longer direct payment to a specific address.

If a provider's record shows more than one address linked to a tax ID number, the system will direct payment and the Remittance Advice to the first address with that tax ID number.

Providers who want reimbursement checks directed to more than one address must establish a separate tax ID for each address.

Providers must then enter the appropriate tax ID on the claim form to direct payment to the correct address.

If no tax ID is on file, the AHCCCS system will deny the claim because it will be unable to direct payment to a specific address.

Providers who have questions about tax ID information on file with AHCCCS should contact the AHCCCS Provider Registration Unit at:

- (602) 417-7670 (Option 5)
- 1-800-794-6862 (In state)
- 1-800-523-0231 (Out of state) ❒

Need Help with a Claim?

Contact Claims Customer Service
(602) 417-7670 (Phoenix area)
(800) 794-6862 (In state)
(800) 523-0231 (Out of state)

Hours: 7:30 a.m. – Noon
12:30 – 4:00 p.m.